

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27256

State File No.

2914

Registration District No. 299

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3606 South Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 32 Years years, months or days)

3. (a) PRINT FULL NAME Elizabeth S. Line

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Thomas B. Line 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 22, 1854
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At Home

12. Name C. C. Fleener

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Fred J. Line

(b) Address 3606 So. Benton

17. (a) Burial (b) Date thereof Aug. 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 8/1/41 (b) M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3606 So. Benton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1941 hour 8 minute _____ P.M.

21. I hereby certify that I attended the deceased from 8:00 A.M.
July 30 19 41 to July 30 8:P.M. 41
that I last saw her alive on July 30, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration _____

Due to _____

Due to _____

Other conditions Senility
(Include Pregnancy within 3 months of death)

Major finding: Of operations no operation

Of autopsy no autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? Yes (Specify type of place) (e) Means of injury _____

23. Signature J. N. Owens (M. D. or other) MD

Address Rialto Bldg. Date signed 7-31-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

after 10 P.M.
before noon

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me
 _____, Registered Apprentice No. _____
 working under my personal supervision.

Signed J. C. Shippard

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.